

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>							
Full Name of Contributor <b>Craig R Raphael</b>					Registration Number, if PAC		
Street Address <b>1603 Green Friar Drive</b>		Employer/Occupation/Labor Organization*			M	D	Y
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43228</b>	<b>0</b>	<b>5</b>	<b>0</b>
					Amount	<b>30.00</b>	
Form(Cash, Check, etc) <b>Check</b>							
Full Name of Contributor <b>Christopher T Cicero</b>					Registration Number, if PAC		
Street Address <b>1308 W Mound Street</b>		Employer/Occupation/Labor Organization*			M	D	Y
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43223</b>	<b>0</b>	<b>4</b>	<b>3</b>
					Amount	<b>100.00</b>	
Form(Cash, Check, etc) <b>Check</b>							
Full Name of Contributor <b>Kathleen A Whitson</b>					Registration Number, if PAC		
Street Address <b>10473 Mackenzie Way</b>		Employer/Occupation/Labor Organization*			M	D	Y
City <b>Dublin</b>		State <b>O</b>	H	Zip Code <b>43017</b>	<b>0</b>	<b>5</b>	<b>0</b>
					Amount	<b>50.00</b>	
Form(Cash, Check, etc) <b>Check</b>							
Full Name of Contributor <b>David H McDowell</b>					Registration Number, if PAC		
Street Address <b>6900 Feder Road</b>		Employer/Occupation/Labor Organization*			M	D	Y
City <b>Galloway</b>		State <b>O</b>	H	Zip Code <b>43119</b>	<b>0</b>	<b>5</b>	<b>0</b>
					Amount	<b>560.00</b>	
Form(Cash, Check, etc) <b>Check</b>							
Full Name of Contributor <b>David A Shaffer</b>					Registration Number, if PAC		
Street Address <b>1350 Oxley Road</b>		Employer/Occupation/Labor Organization*			M	D	Y
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43212</b>	<b>0</b>	<b>4</b>	<b>3</b>
					Amount	<b>100.00</b>	
Form(Cash, Check, etc) <b>Check</b>							
Full Name of Contributor <b>Paul W Grossman</b>					Registration Number, if PAC		
Street Address <b>2420 Johnston Road</b>		Employer/Occupation/Labor Organization*			M	D	Y
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43220</b>	<b>0</b>	<b>4</b>	<b>2</b>
					Amount	<b>125.00</b>	
Form(Cash, Check, etc) <b>Check</b>							
Full Name of Contributor <b>Jim Gravelle</b>					Registration Number, if PAC		
Street Address <b>8215 Morris</b>		Employer/Occupation/Labor Organization*			M	D	Y
City <b>Hilliard</b>		State <b>O</b>	H	Zip Code <b>43026</b>	<b>0</b>	<b>4</b>	<b>2</b>
					Amount	<b>30.00</b>	
Form(Cash, Check, etc) <b>Check</b>							

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 995.00